

COPY

Docket No.: 549172800000	Atty: Kate H. Murashige
Serial No.: See Attached Appendix	Filing Date: See Attached Appendix
Title: N/A	
Date of Mailing: March 25, 2003 via Facsimile	

**Papers enclosed herewith:**

1. Transmittal Form (1 page)
2. Revocation of Prior Power of Attorney and Power of Attorney By Assignee (2 pages)
3. Appendix A (1 page)
4. Change of Address (1 page)

THE STAMP OF THE UNITED STATES PATENT AND TRADEMARK OFFICE HEREON  
WILL ACKNOWLEDGE RECEIPT VIA FACSIMILE OF THE ABOVE DOCUMENTS

<h1 style="margin: 0;">TRANSMITTAL FORM</h1> <p style="margin: 5px 0;"><i>(to be used for all correspondence after initial filing)</i></p>		Application Number	See Attached Appendix
		Filing Date	See Attached Appendix
		First Named Inventor	See Attached Appendix
		Group Art Unit	N/A
		Examiner Name	N/A
Total Number of Pages in This Submission	6	Attorney Docket Number	549172800000

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below)
<div style="border: 1px solid black; width: 150px; height: 25px; float: left; margin-bottom: 5px;">Remarks</div> <div style="clear: both;"></div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual Name	Kate H. Murashige Reg. No. 29,959 Morrison & Foerster LLP 3811 Valley Centre Drive, Suite 500, San Diego, California 92130
Signature	<i>Kate H. Murashige</i>
Date	March 25, 2003

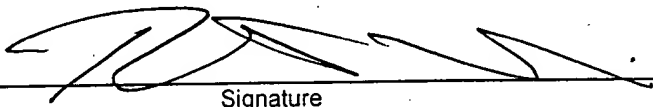
Application No. (if known): See attached

Attorney Docket No.:549172800000

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